

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Marco FILICORI

Title:

UNITARY COMBINATIONS OF

FSH AND hCG

Appl. No.:

10/559,610

International

6/2/2004

Filing Date:

371(c) Date:

1/31/2006

Examiner:

Regina M. Deberry

Art Unit:

1647

Confirmation

1532

Number:

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated January 30, 2009, finally rejecting Claims 1, 7, 8, 11-20, 34, 36, 37 and 44-49.

| [|] | Applicant | claims | small | entity | status. |
|---|---|-----------|--------|-------|--------|---------|
|---|---|-----------|--------|-------|--------|---------|

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Notice of Appeal Fee

[X] To be paid as detailed below

07/30/2009 JADDO1 00000001 190741

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10.00 DA 530.00 UP

[]Not required (Fee paid in prior appeal)

The required fees are calculated below:

| \$540.00 | Notice of Appeal Fee | [X] |
|----------|--|-----|
| \$0.00 | Extension month: | [] |
| \$0.00 | Extension: | [] |
| \$540.00 | FEE TOTAL: | |
| \$0.00 | Small Entity Fees Apply (subtract ½ of above): | [] |
| \$540.00 | TOTAL FEE: | |

A credit card payment form in the amount of \$540.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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